

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020308

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4721**

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAY 23 1962**

a. COUNTY

**St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Missouri**

COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

**St. Louis**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

**Bethesda Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

**1415a Russell**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

**Ralph**

Middle

**Eugene**

Last

**Crow**

4. DATE OF DEATH

Month

**May**

Day

**7**

Year

**1962**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**9/19/1900**

9. AGE (last birthday)

**61**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Linotype Operator**

10b. KIND OF BUSINESS OR INDUSTRY

**Newspaper**

11. BIRTHPLACE (City and state or country)

**DeSoto, Mo.**

12. CITIZEN OF WHAT COUNTRY

**U.S.**

13a. FATHER'S NAME

**W.E. Crow**

13b. MOTHER'S MAIDEN NAME

**Bessie Jane Butler**

14. NAME OF HUSBAND OR WIFE

**Ruby**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

17. INFORMANT

Address

**Ruby Crow, 1415a Russell**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Congestive Heart Failure**

INTERVAL BETWEEN ONSET AND DEATH

**2 weeks**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Pulmonary Emphysema**

DUE TO (c)

**Arteriosclerotic H. Disease**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**527.1**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **June 1950** to **May-7-1962** and last saw him alive on **May-6-1962**

Death occurred at **10:30 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Walter B. Powell M.D.**

22b. ADDRESS

**4660 Maryland**

22c. DATE SIGNED

**5/8/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**5-9-62**

23c. NAME OF CEMETERY OR CREMATORY

**City Cemetery**

23d. LOCATION (City, town, or county)

**DeSoto, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Dietrich Funeral Home, DeSoto, Mo.**

25. DATE RECD. BY LOCAL REG.

**MAY 8 1962**

26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. --

If this body is not embalmed, fact should be so stated above.